

STEVEN A. THOMPSON Executive Director

### OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

MARY FALLIN Governor

October 18, 2011

### **CERTIFIED MAIL**

Mr. Omar Martinez (6WQ-SG)
United States Environmental Protection Agency
1445 Ross Avenue
Dallas, Texas 75202

Re:

Quarterly Report

4th Quarter FY2011

Dear Mr. Martinez:

Please find enclosed the Oklahoma Department of Environmental Quality Underground Injection Control Program's Summary of Facility Violations report and EPA Forms 7520-1, 2A, 2B, 3, and 4 for the fourth quarter of the 2011 Federal Fiscal Year.

If you have any questions regarding the report, please contact Hillary Young of my staff at (405) 702-5188.

Sincerely,

Saba Tahmassebi, Ph.D., P.E.

Chief Engineer

Land Protection Division

ST/hy

Enclosures



**⊕EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

### UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Area of Review

(This information is solicited under the authority of the Safe Drinking Water Act)

ı.	Name	and	Address	ΟŤ	Reporting	Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

	aut	hority of the Safe Drinking Water A	ict)							
red (month, day,	year	r) III. State Contact (name, tele	ephone no.)	IV. Report	ing Period	l (month, y	rear)			
	Hillary Young (405) 702-	5188	October 1, 20 10 To 09/30/2011							
					. (	lass and	Type of Ir	jection We	ells	
						П				
		Item		1	SWD 2D	ER 2R	HC 2H	111	IV	v
Number of Perm	nit Ap	pplications Received						0	0	
	Δ	Number of Individual	New Wells	0				0	0	0
Permit		(One Well)	Existing Wells	0				0	0	0
	В	Number of area Permits* Issued (Multiple Wells)	New Well Field	0				0	0	0
Issued		(*See instructions on back) Ex	Existing Well Field	0				0	0	0
***	С	Number of Wells in Area Permits	New Wells	0				0	0	0
			Existing Wells	0				0	0	0
Permit Not Issued	D	(after complete technical review)	rawn	0				0	0	0
Modification Issued	E	Number of Major Permit Modifications Approved		0				0	0	0
VII. Permit File VII. Number of Rule-Authorized		Wells Reviewed								
Class II Wells	Revi	iewed	Wells Deficient							
Wells		Number of Wells	Abandoned Wells	0				0	0	0
Reviewed	Ĺ	in Area of Review	Other Wells	0				0	0	0
Wells Identified	R	Number of Wells Identified	Abandoned Wells	0				0	0	0
for C/A		for Corrective Action	Other Wells	0				0	0	0
		1. Number of Wells in AOR with Casing Repaired/Recemented	I C/A					0		0
Wells	C	2. Number of Active Wells in AOR Plugged/Abandoned						0	0	0
C/A		3. Number of Abandoned Wells in AOR Replugged						0	0	0
		4. Number of Wells in AOR with "Other" Corrective Action						0	0	0
			me of this rep	port; there	fore, AOR	wells ha	d not bee	en evaluate	ed.	
	Permit  Issued  Permit Not Issued  Modification Issued  Number of Ru Class II Wells  Wells Reviewed  Wells Identified for C/A  Wells with C/A	Number of Permit Ap  Permit  B Issued  C  Permit Not Issued  Modification Issued  Class II Wells Reviewed  Wells Reviewed A  Wells Identified for C/A  Wells with C C/A  Class II Wells C C/A  Class II Wells C C/A  C C C C C C C C C C C C C C C C	Item    Number of Permit Applications Received	Item	Item   I   I   I   I   I   I   I   I   I	Item Item Item Item Item Item Item Item	Ill. State Contact (name, telephone no.)   IV. Reporting Period (month., day, year)   Hillary Young (405) 702-5188   From October 1, 20   10	III. State Contact (name, telephone no.) Hillary Young (405) 702-5188    III. State Contact (name, telephone no.)   IV. Reporting Period (month, year)	III   III	

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Date

Telephone No.

Helogry More Hillary Yuno

10/18/2011

(405) 702-5188

EPA Porm 7520-1 (Rev. 1

Previous edition is obsolete.

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United States Environmental Protection Agency
Office of Ground Water and Drinking Water
Washington, DC 20460

Washington, DC 20460
UIC Federal Reporting System
Part II: Compliance Evaluation

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

II. Date Prepare	Date Prepared (month, day, year) III. State Contact (name, telephone no.)					IV. Reporting Period (month, year)										
10/18/2011			Hillary Y	oung (405) 702-5188	From         To           October 1, 20 10         September 30, 2011											
								Type of In	ection Wel	ls						
				•			II									
		,	ltem		ı	SWD 2D	ER 2R	HC 2H	III	IV	٧					
	Total Wells	Α	Number of Wells	s with Violations	2		CONTRACTOR INC.		0	0	0					
V.			1. Number of U		0				0	0	0					
Summary			2. Number of M	lechanical Integrity Violations	0				0	0	0					
of	Total Violations	В	3. Number of O Maintenance	1			-	0	0	0						
Violations			4. Number of P and Abandon	Plugging nment Violations	0		and the second		0	0	0					
			5. Number of M Reporting V	lonitoring and iolations	1				0	0	0					
			6. Number of C	Other Violations	0				0	0	0					
	Total Wells	Α	Number of Wells Enforcement Ac		2		and the state of t		0	0	0					
			1. Number of N	lotices of Violation	2				0	0	0					
VI.			2. Number of C	onsent Agreements	0	***************************************	100		0	0	0					
Summary			3. Number of A	dministrative Orders	0				0	0	0					
of	Total Enforcement	В	4. Number of C	Civil Referrals	0				0	0	0					
Enforcement	Actions		5. Number of C	0				0	0	0						
			6. Number of V	0				0	0	0						
			7. Number of P	Pipeline Severances	0				0	0	0					
			8. Number of C	Other Enforcement Actions	0		Experience of the control of the con		0	0	0					
VII. Summary	Number of We	ells		A. This Quarter	0		To a second		0	0	0					
of Compliance	Returned to C	omp	oliance	B. This Year	2				0	0 0 0						
VIII. Contamination	Number of Ca	ses	of Alleged Contai	mination of a USDW	0				0	0	0					
IX. MIT Resolved	Percent of MI	ΓVic	lations Resolved	in 90 Days	0				0	0	0					
X. Remarks/Ad	Hoc Report (A	Attac	h additional shee	ets)												

Certification
I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Date

Telephone No.

10/18/2011

(405) 702-5188

EDA Ebron 7520 24 /12 09

Replaces EPA Form 7520-2 which is obsole

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System
Part II: Compliance Evaluation
Significant Noncompliance

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

I. Date Prepared (month, day, year) III. State Contact (name, telephone no.)				IV. Reporting Period (month, year)												
10/18/2011			Hillary Y	Young (405) 702-5188	From				To							
					Octob	er 1, 2	Loanseason		09/30/20							
						C	lass and	Туре	of Injection \	Wells						
						SWD	II ER	нс								
			Item		1	2D	2R	2H	1 10	IV	V					
	Total Wells	A	Number of Well	s with SNC Violations	2				0	0	0					
V.			1. Number of U Injection SN		0				0	0	0					
Summary			2. Number of N SNC Violation	lechanical Integrity ons	0				0	0	0					
of Significant			3. Number of In	njection Pressure ons	0				0	0	0					
Non-	Total Violations	В	4. Number of F and Abando	Plugging nment SNC Violations	0				0	0	0					
Compliance			5. Number of S of Formal O	SNC Violations rders	0				0	0	0					
(SNC)			6. Number of F SNC Violation		0				0	0	0					
			7. Number of C	Other SNC Violations	2				0	0	0					
	Total Wells	А	Number of Well Enforcement Ac	s with tions Against SNC	2		The state of the s		0	0	0					
VI.			1. Number of N	lotices of Violation	2				0	0	0					
Summary			2. Number of C	onsent Agreements/Orders	0				0	0	0					
of			3. Number of A	administrative Orders	0				0	0	0					
Enforcement	Total Enforcement	В	4. Number of C	Civil Referrals	0				0	0	0					
	Actions		5. Number of C	Criminal Referrals	0				0	0	0					
Against			6. Number of V	Vell Shut-ins	0				0	0	0					
SNC				Pipeline Severances	0				0	0	0					
			0.	Other Enforcement Actions  Violations (Specify)	0				0	0	0					
VII. Summary	Number of We	ells i	n SNC	A. This Quarter	0				0	0	0					
of Compliance	Returned to C	omp	oliance	B. This Year	2				0	0	0					
VIII. Contamination	Number of Ca	ses	of Alleged Contai	mination of a USDW	0	•			0	0	0					
IX.	Class IV/Enda	inge	ring Class V		Involunta	ary Well Cl	osure			0	0					
Well Closure	Well Closures	•			Voluntary	y Well Clos	sure			0	0					

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signa	ture and	Typed or P	rinted I	Name and	Title o	f Perso	on Completing	g Form			
4	1	20	1	1 -			4511	( )	and the same of th	`	

10/18/2011

Telephone No. (405) 702-5188

EPA Form 7520-2B (12-08)

Replaces EPA Form 7520-2 which is obsolete.

OMB No. 2040-0042

Approval Expires 12/31/2011

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

## UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Oklahoma Department of Environmental Quality 707 N. Robinson, P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

II. Date Prepare	Date Prepared (month, day, year) III. State Contact (name, telephone no.)						IV. Reporting Period (month, year)										
10/18/2011			Hillary Young (405) 702-5	188	From To												
L					October 1, 20 10   September 30, 2011												
						С		Type of Inj	ection Wel	Is							
							II										
			Item			SWD	ER	нс	Ш	IV	v						
	Total					2D	2R	2H			P						
	Wells	Α	Number of Wells Inspected		6				1	0	0						
V.			Number of Mechanical Integrity (MIT) Witnessed	Tests	12				1	0	0						
Summary		<i>1</i>	2. Number of Emergency Respons Complaint Response Inspection		0				0	0	0						
of	Total Inspections	В	3. Number of Well Constructions Witnessed		0				0	0	0						
Inspections	mapections		4. Number of Well		1				0	0	0						
			Pluggings Witnessed  5. Number of Routine/Periodic		10					0							
			J. Inspections		12				1	0	0						
Total		Α	Number of Wells Tested or Evaluate for Mechanical Integrity (MI)	6				1	0	0							
	Wells	В	No. of Rule-Authorized Wells Passe	ed 2-part test	0				0	0	0						
			Tested/Evaluated for MI Failed	d 2-part test	0				0	0	0						
VI.	VI.		1. Number of Annulus Pressure	Well Passed	6				1	0	0						
			Monitoring Record Evaluations	Well Failed	0				0	0	0						
Summary	For		2. No. of Casing/	Well Passed	6				1	0	0						
,	Significant	С	Tubing Pressure Tests	Well Failed	0				0	0	0						
of	Leak		3. Number of Monitoring	Well Passed	6				1	0	0						
- 1			Record Evaluations	Well Failed	0				0	0	0						
Mechanical			4. No. of Other Significant Leak	Well Passed	0				0	0	0						
			Tests/Evaluations (Specify)	Well Failed	0				0	0	0						
Integrity			1. Number of Cement	Well Passed	0				0	0	0						
			Record Evaluations	Well Failed	0				0	0	0						
(MI)	For		2. Number of Temperature/	Well Passed	1				0	0	0						
	Fluid	D	Noise Log Tests	Well Failed	0				0	0	0						
	Migration		3. No. of Radioactive Tracer/	Well Passed	0				0	0	0						
( )			Cement Bond Tests	Well Failed	0				0	0	0						
			4. No. of Other Fluid Migration	Well Passed	3				0	0	0						
	T-4-1		Tests/Evaluations (Specify)	Well Failed	0	ļ			0	0	0						
	Total Wells	Α	Number of Wells with Remedial Action		1				0	0	0						
			Number of Casing Repaired/     Squeeze Cement Remedial Action	ons	0			And any and a second a second and a second a	0	0	0						
	2. Number of Tubing/Packer Remedial Actions		1			And the second s	0	0	0								
Remedial	Actions		3. Number of Plugging/Abandonm Remedial Actions	nent	0				0	0	0						
Action			4. Number of Other Remedial Action (Specify)	ons	0				0	0	0						
VIII. Remarks/A	d Hoc Report	(At	tach additional sheets)		I -					1							

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Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

ignature and Typed or Printed Name and Title of Person Completing Form

ate

Telephone No.

THE ON THE HAVE

10/18/2011

(405) 702-5188

EPA Form 7520-3 (Rev. 12-08)

revious editiøn is∖obsolete

File Code: WA-UI-PP

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United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

#### **UIC Federal Reporting System**

### Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042 Approval expires 12/31/2011 I. Reporting Period From To 10/01/2010 09/30/2011

II.	III.	IV.	V. S	Summ	ary o	f Viol	ation	s			VI.	Sumi	nary	of Enf	orcer	nent				VII.
Well	Name and Address	Well	Date of	Mark ('X') Violation Type							Date of	Mark ('X') Enforcement Type								Date
Class and Type	of Owner/Operator	ID No. (Permit No.)	Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	Compliance Achieved
1	None																			
		And Andrews																		
		4.044																		
		PARTY V																		
		AAAAAA																		
			10.00		Commence	-		-	-		parameter and a second						_			
		A-P-0-0-0																		

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Date

Telephone No.

Hillary Young, Engineering Manager

10/18/2011

(405) 702-5188

EPA Form 7520-4 (Rev. 12-08)

Previous edition is obsolete.

# Summary of Facility Violations Oklahoma Department of Environmental Quality Underground Injection Control Program October 1, 2010 – September 30, 2011

Oklahoma Gas & Electric McClain Generating Station P.O. Box 321 Oklahoma City, OK 73101-0321 Permit # IW-NH-44001-OP

March 23, 2011

A Notice of Violation (NOV) was issued for failing to collect and analyze groundwater and wastewater samples for the month of October, 2010. The violation was self-reported by the facility with its quarterly report. The facility hired a full time chemist who now oversees the sampling and analysis of the monitoring well and wastewater. The NOV required no further action.

Pryor Plant Chemical Company 16 S. Pennsylvania Oklahoma City, OK 73107 Site located in Pryor, Oklahoma

May 19, 2011

An NOV was issued for exceeding the maximum permitted flow rate and allowing the annulus pressure to drop below the injection pressure. PCC adjusted its automatic flow-trip on its injection pumps to ensure the pumps shut down prior to reaching the maximum permitted flow rate. The annulus pressure violation was attributed to the annulus tank indicating an incorrect glycol liquid level. PCC made repairs to the annulus tank's site glass, cleaned various components and filled the tank with a glycol inhibitor which resolved the issue with the annulus pressure. The NOV required no further action.

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